

J0891 U.S. PTO
10/13/00

ARE

Please type a plus sign (+) inside this box → ☒

Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

00/01/01
151689/50

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No. 030681-032
First Named Inventor Chul-woo Lee
Original Patent Number 5,822,135
Original Patent Issue Date (Month/Day/Year) 10-13-98
Express Mail Label No.

APPLICATION FOR REISSUE OF:
(Check applicable box)

☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB 58)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

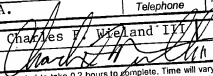
ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other:

15. CORRESPONDENCE

☐ Customer Number or Bar Code Label  21639 or ☐ Correspondence address below

Name Charles F. Wieland III PATENT TRADEMARK OFFICE
Burns, Doane, Swecker & Mathis, L.L.P.
P.O. Box 1404
Address Alexandria State VA Zip Code 22131-1404
City U.S.A. Telephone 703, 836-6620 Fax 703, 836-2021
Country

NAME (Print/Type) Charles F. Wieland III Registration No. (Attorney/Agent) 33,096
Signature  Date 10/13/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

09689757-101300

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
030681-032

Claims as Filed - Part 1				Small Entity		Other than a Small Entity	
Claims in Patent	Number Filed in Reissue Application	Number Extra	Rate	Fee	Rate	Fee	
(A) 26	Total Claims (37 CFR 1.160)	(B) 40 14 =	x \$ =	or	x \$ 18. = \$ 252.00	
(C) 1.	Independent claims (37 CFR 1.160)	(D) 6	. 5 =	x \$ =		x \$ 80. = \$ 400.00	
Basic Fee (37 CFR 1.16(h))				\$		\$ 710.00	
Total Filing Fee				\$	OR	\$ 1,362.00	

Claims as Amended - Part 2				Small Entity		Other than a Small Entity	
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.160)	***	MINUS	*	x \$ =		x \$ =	
Independent Claims (37 CFR 1.160)	***	MINUS	*****	=	x \$ =		
Total Additional Fee				\$		OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-4800
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1,362.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**10/13/00
Date

 Signature of Applicant, Attorney or Agent of Record

Charles F. Wieland III

Typed or printed name
(Reg. No. 33,096)

030681-032